

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Mississippi Conservatives

ADDRESS (number and street) ▼

PO Box 2096

☐ Check if different than previously reported. (ACC)

Jackson

MS

39225

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00554774

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y Y Y
06 03 2014

in the State of

MS

(d) 30-Day

POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 01 2014

through

M M / D D / Y Y Y Y Y Y
05 14 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Brian Perry

Signature of Treasurer

Mr. Brian Perry

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
09 02 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 05 / 14 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	29662.85	
(c) Total Receipts (from Line 19)	164150.00	882143.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	193812.85	882143.00
7. Total Disbursements (from Line 31)	61212.83	749542.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132600.02	132600.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	220150.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Mississippi Conservatives

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
04 / 01 / 2014

To:

M M / D D / Y Y Y Y Y
05 / 14 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

164050.00

625950.00

(ii) Unitemized

100.00

300.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

164150.00

626250.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5693.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

164150.00

631943.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

250150.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

50.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

164150.00

882143.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

164150.00

882143.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20560.00	97259.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20560.00	97259.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	30652.83	622283.47
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	10000.00	30000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61212.83	749542.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61212.83	749542.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	164150.00	631943.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	164150.00	631943.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	20560.00	97259.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	20560.00	97259.51

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Mr. Harold Clarke

Mailing Address 501 Academy Road

City	State	Zip Code
Starkville	MS	39759

FEC ID number of contributing federal political committee.

C

Name of Employer

CC Clark Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

Transaction ID : SA11AI.4302

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Charles Feltus

Mailing Address 22 Hawthorne Place

City	State	Zip Code
Natchez	MS	39120

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Sam Haskell

Mailing Address 415 Park Dr

City	State	Zip Code
Oxford	MS	38655

FEC ID number of contributing federal political committee.

C

Name of Employer

William Morris Agency

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

3250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Mr. Chris Henick

Mailing Address 4201 Yuma St. NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

B. ISO Panels, Inc.

Mailing Address PO Box 1639

City

Jackson

State

MS

Zip Code

39215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

7500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

C. Magnolia Marine Transport

Mailing Address PO Box 1639

City

Jackson

State

MS

Zip Code

39215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Mr. Michael McNitt

Mailing Address 9429 SW 47th Lane

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cabrillo Coastal

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2014

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period

300.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. W.D. Mounger

Mailing Address 4450 Old Canton Rd.
Ste. 203

City

Jackson

State

MS

Zip Code

39211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Oil & Gas Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

C. Hon. John Palmer

Mailing Address PO Box 3747

City

Jackson

State

MS

Zip Code

39225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Paragon Technical Services

Mailing Address PO Box 1639

City

Jackson

State

MS

Zip Code

39215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	4

Transaction ID : SA11AI.4314

Amount of Each Receipt this Period

7500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

B. Cindy Phillips

Mailing Address 372 Sundial Rd

City

Madison

State

MS

Zip Code

39110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period

250.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

C. U.S. Chamber of Commerce

Mailing Address 1615 H Street NW

City

Washington

State

DC

Zip Code

20062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

107750.00

TOTAL This Period (last page this line number only)..... ►

164050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Conservatives

Full Name (Last, First, Middle Initial)

A. Capstone Public Affairs LLC

Mailing Address PO Box 2096

City
JacksonState
MSZip Code
39225Purpose of Disbursement
Political Strategy Consulting

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capstone Public Affairs LLC

Mailing Address PO Box 2096

City
JacksonState
MSZip Code
39225Purpose of Disbursement
Political Strategy Consulting

001

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

Transaction ID : SB21B.4291

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hynes Communications

Mailing Address 121 Bow Street

City
PortsmouthState
MEZip Code
03801Purpose of Disbursement
Social Media Consulting

004

Candidate Name

Mississippi ConservativesCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SB21B.4286

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13000.00

--

	21b		22		23		24		25	X	26
	27		28a		28b		28c		29		30b

Mississippi Conservatives

A. Trustmark Bank

Mailing Address 190 E Capitol St.

City	State	Zip Code
Jackson	MS	39201

Purpose of Disbursement	Loan Payment

Candidate Name _____

Mississippi Conservatives

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB26.4289

Amount of Each Disbursement this Period

10000.00

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

10000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 16

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4227

Mississippi Conservatives

LOAN SOURCE Full Name (Last, First, Middle Initial)

Trustmark Bank

☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 190 E Capitol St.

City Jackson

State MS

ZIP Code 39201

Original Amount of Loan

250150.00

Cumulative Payment To Date

30000.00

Balance Outstanding at Close of This Period

220150.00

TERMS

Date Incurred

MM / DD / YYYY
01 / 29 / 2014

Date Due

MM / DD / YYYY
06/03/14

Interest Rate

2.86 % (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Hon. Haley Barbour

Name of Employer

BGR Group

Mailing Address

648 Dogwood Dr.

Occupation

Founding Partner

City

State

ZIP Code

Yazoo City

MS

39194

Amount

Guaranteed

220017.99

Outstanding:

Transaction ID : SC/10.4227.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

220150.00

TOTALS This Period (last page in this line only)..... ►

220150.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee United States Postal Service		<input type="checkbox"/> Memo Item	
Mailing Address 401 E South St		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2014	
City Jackson	State MS	Zip Code 39201	Amount 1405.25
Purpose of Expenditure Postage		Category/Type 004	Transaction ID : SE.4224 Date of Disbursement or Obligation MM / DD / YYYY 04 / 02 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 593035.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Winning Edge		<input type="checkbox"/> Memo Item	
Mailing Address PO Box 269		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
City Alexandria	State AL	Zip Code 36250	Amount 7268.00
Purpose of Expenditure Mail piece		Category/Type 004	Transaction ID : SE.4270 Date of Disbursement or Obligation MM / DD / YYYY 05 / 01 / 2014
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 600303.89		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		8673.25	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Brian Perry Signature		[Electronically Filed] Date MM / DD / YYYY 09 / 02 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 16
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Winning Edge			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 07 / 2014		
Mailing Address PO Box 269			Amount 21979.58		
City Alexandria		State AL	Zip Code 36250		
Purpose of Expenditure Mail Piece		Category/Type 004	Transaction ID : SE.4275 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 06 / 2014		
Name of Federal Candidate Mr. Christopher Brian McDaniel			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 622283.47			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/Type	Date of Disbursement or Obligation		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21979.58		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			30652.83		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 09 / 02 / 2016		